

GREAT NECK PUBLIC SCHOOLS  
INTEROFFICE COMMUNICATION

**TO: Payroll Department  
Phipps Administration Building**

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBJECT: Aflac Program – Request for Mid-Year Cancellation of Policy**

I would like to cancel the following policy/policies that I am enrolled in through Aflac: \_\_\_\_\_  
\_\_\_\_\_.

Please stop deducting the premiums from my paycheck. Please make this cancellation effective as of \_\_\_\_\_.  
(date)

If your Aflac insurance premiums are paid with pre-tax dollars, the IRS does not allow changes to your policy/policies during the plan year unless there is a valid change in status such as marriage, divorce, birth, death, adoption, or change in employment.

If you pay your Aflac premiums on a pre-tax basis and wish to cancel during the plan year, please indicate your change in status below.

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Phone Number